

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							Serial No. 440260 Filing Date 11/15/99 Applicant(s)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
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35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL	3		4		5		TOTAL						
EST.	24		32		37		EST.						
TOTAL	24		36		43		TOTAL						

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BEST AVAILABLE COPY

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/17/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	1		1			
30						
31						
32						
33						
34						
35						
36						
37	1		1			
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	5		5			
Total Depend			37			
Total Claims	43		43			

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